



Coronavirus Disease 2019 (COVID-19) Update

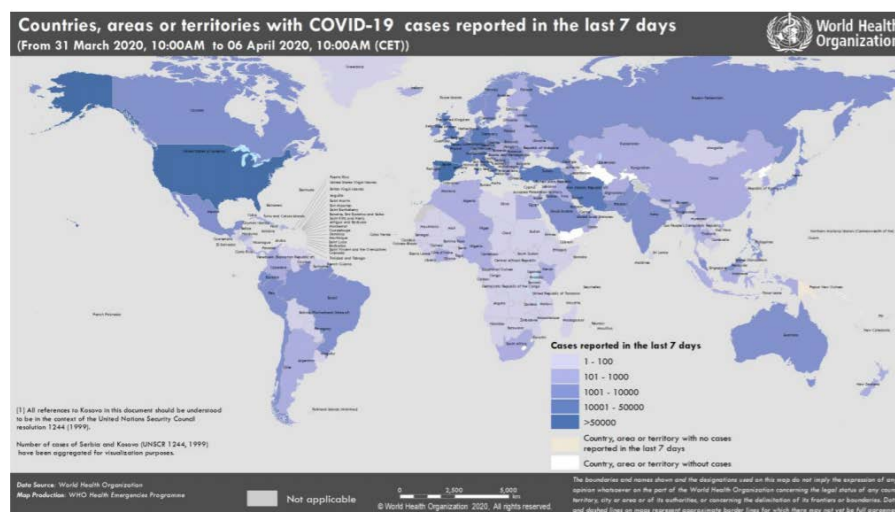
Infectious Disease Epidemiology and Outbreak Response Bureau

April 7, 2020

The information in this presentation is current as of April 7, 2020, unless otherwise noted, and subject to change.

Worldwide: Confirmed COVID-19 Cases

- Cases
 - Total: 1,210,956 cases
 - Past 24 hrs: 77,200
- Deaths
 - Total: 67,594
 - Past 24 hrs: 4810

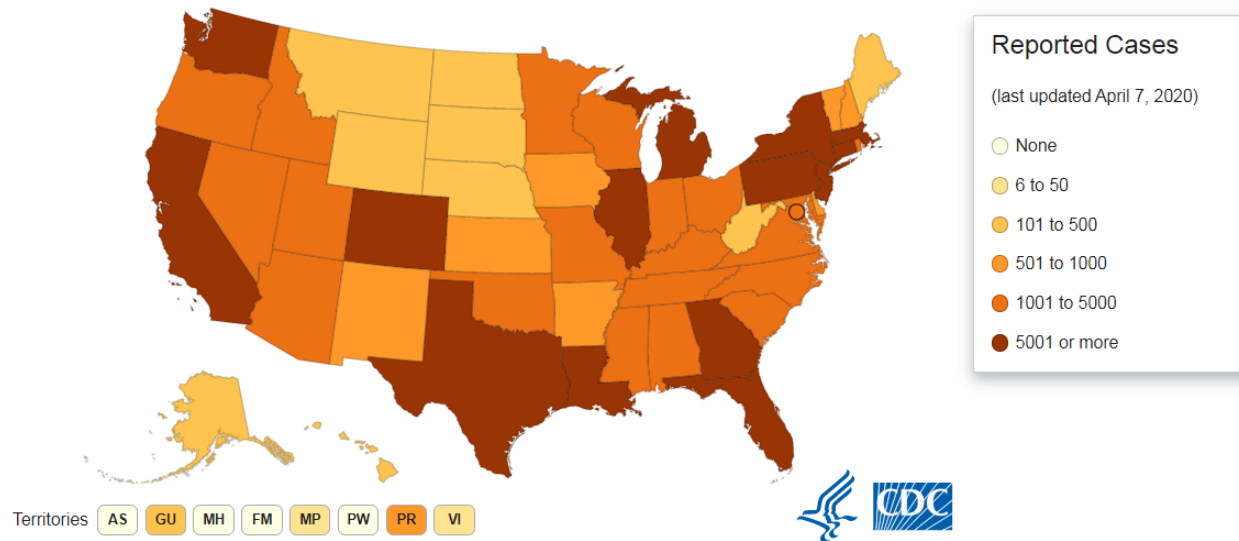


Data current as of April 6, 2020

U.S.: Confirmed COVID-19 Cases

- 374,329 cases
- 12,064 deaths

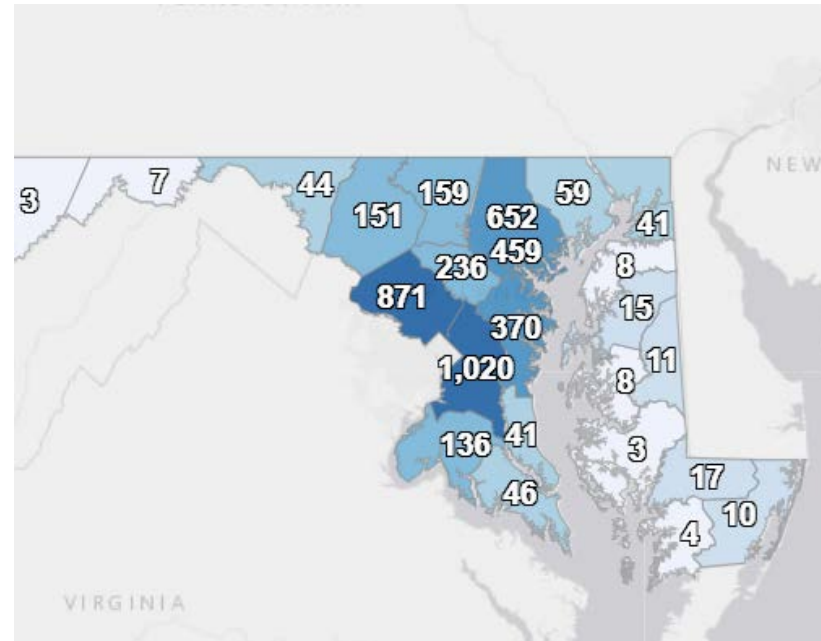
States Reporting Cases of COVID-19 to CDC*



Data current as of April 7, 2020

Maryland: Confirmed COVID-19 Cases

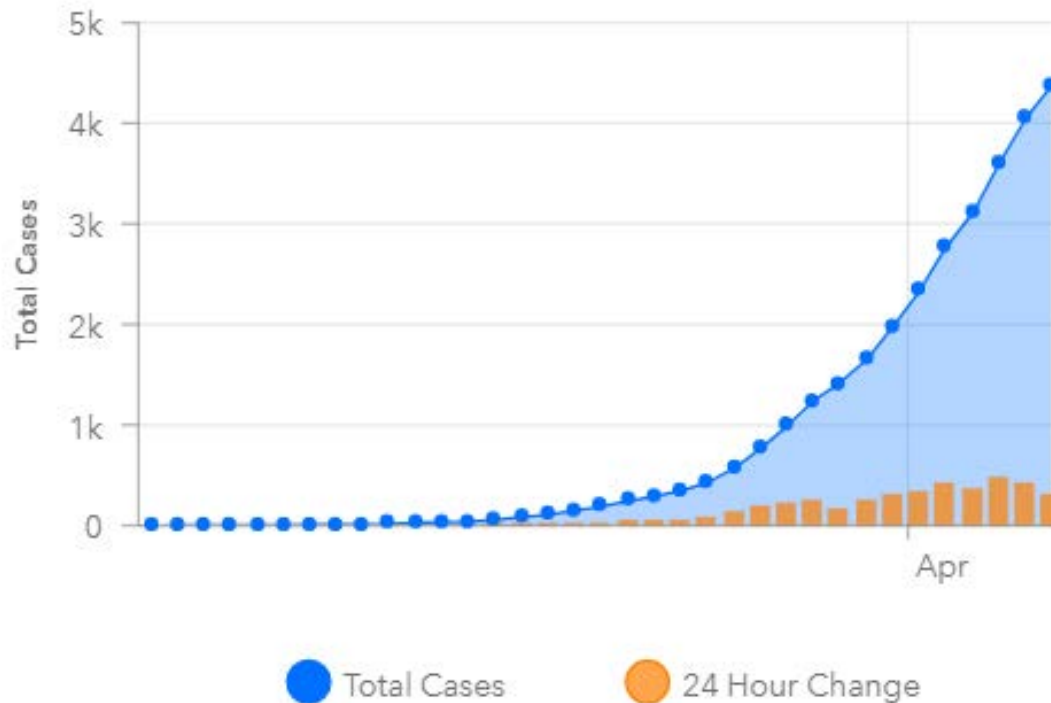
- Confirmed cases: 4,371
- Negative test results: 27,256
- Deaths (cumulative): 103
- Hospitalized (cumulative): 1106



Source: <https://coronavirus.maryland.gov/>, accessed April 7, 2020

Maryland: Confirmed COVID-19 Cases

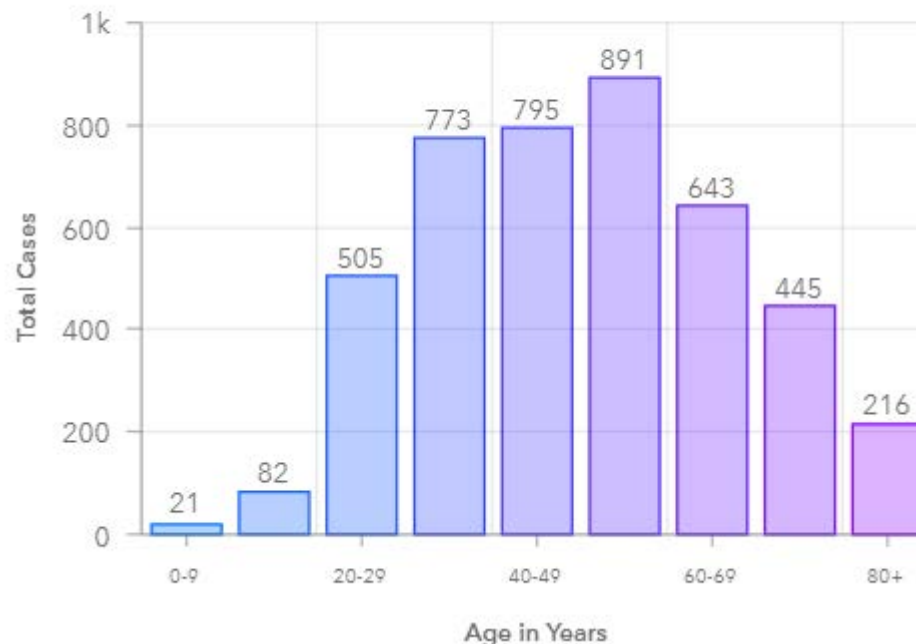
Confirmed Cases, Total over Time



Source: <https://coronavirus.maryland.gov/>, accessed April 7, 2020

Maryland: Confirmed COVID-19 Cases

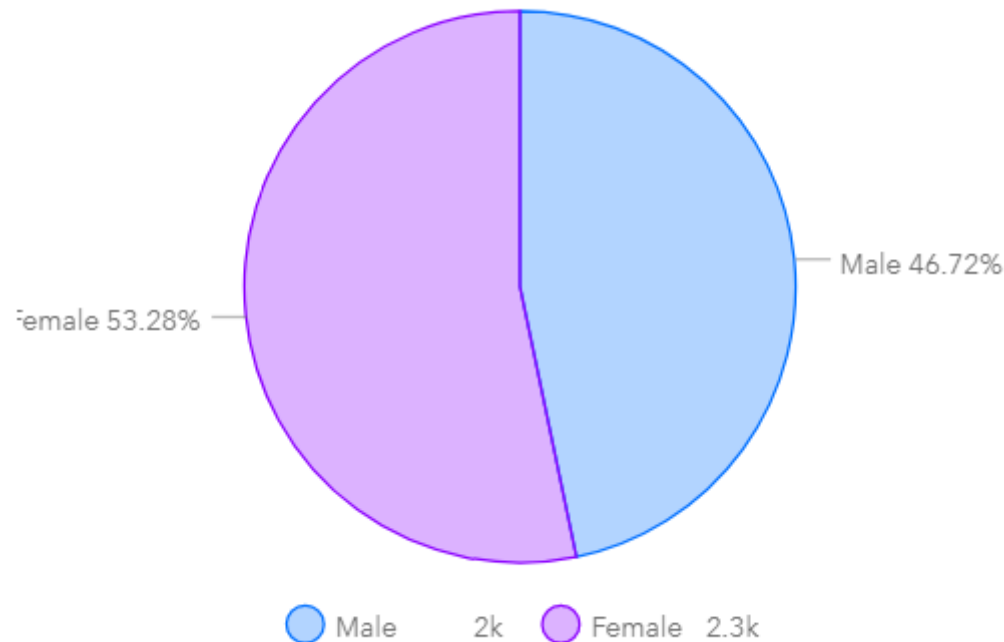
Age Distribution, Total Cases



Source: <https://coronavirus.maryland.gov/>, accessed April 7, 2020

Maryland: Confirmed COVID-19 Cases

Gender Distribution, Total Cases



Source: <https://coronavirus.maryland.gov/>, accessed April 7, 2020

MDH Updates

Amended Directive and Order Regarding Various Healthcare Matters

- Testing Order Priority
 - A. Hospitalized patients, who should be tested by the most expeditious means available;
 - B. Symptomatic Emergency Medical Service Personnel, healthcare workers, and law enforcement personnel;
 - C. Symptomatic patients in nursing homes, long-term care facilities, or in congregate living facilities housing individuals who are medically fragile shall be tested by the most expeditious means available (either a hospital lab, private lab, or the State Laboratory)
 - D. Symptomatic high-risk unstable patients whose care would be altered by a diagnosis of COVID-19.

Directive and Order Regarding Nursing Home Matters

- All personnel who are in close contact with residents of nursing homes shall wear personal protective equipment, including a facemask, appropriate eye protection, gloves, and gown.

Directive and Order Regarding Nursing Home Matters

- Nursing homes shall immediately implement, to the best of their ability, the following personnel practices:
 - Establish a cohort of staff who are assigned to care for known or suspected COVID-19 residents.
 - Designate a room, unit, or floor of the nursing home as a separate observation area where newly admitted and readmitted residents are kept for 14 days on contact and droplet precautions while being observed every shift for signs and symptoms of COVID-19.
 - Designate a room, unit, or floor of the nursing home to care for residents with known or suspected COVID-19.


Directive and Order Regarding Nursing Home Matters

- Returning residents to their nursing facility, their home, remains a priority.
- For nursing home residents admitted or seen at a hospital for COVID-19, the residents shall be allowed to return to the nursing home as long as the facility can follow the approved CDC recommendations for transmission-based precautions.

COVID-19 Outbreaks in LTC and Assisted Living Facilities

Tools

Guidance document



Maryland
DEPARTMENT OF HEALTH

Preparing for and Responding to COVID-19 in Long-term Care and Assisted Living Facilities

Given their congregate nature and residents served (e.g., older adults often with underlying chronic medical conditions), nursing home populations are at the highest risk of being affected by coronavirus disease 2019 (COVID-19). If infected with SARS-CoV-2, the virus that causes COVID-19, residents are at increased risk of serious illness. The following recommendations from Maryland Department of Health (MDH) supplement CDC's general [infection prevention and control recommendations for COVID-19](#) and CDC's [Preparation for COVID-19 in Long-term Care](#). The following recommendations should continue until otherwise determined by public health.

COVID-19 Description

Typical symptoms include fever, cough, and shortness of breath. Additional symptoms might include sore throat, fatigue/malaise, diarrhea, or dizziness.

Case Definitions

Undiagnosed respiratory illness: Cough, shortness of breath, pneumonia, or fever in a resident or an employee without a known cause.

- No known contact with a COVID-19 case, does not reside in or work at a facility with confirmed cases within 14 days.
- Influenza testing, respiratory panel and COVID-19 testing is not done or pending. Sputum culture, *Legionella* urinary antigen and *Streptococcus pneumoniae* urinary antigen testing for pneumonia cases is not done or pending.

Suspect COVID-19 case: Clinical illness as above in an individual **AND**:

- Has known contact with a COVID-19 case **OR** resides or works at a facility with confirmed cases within the past 14 days; **OR**
- Does not have known contact with a COVID-19 case and does not reside or work at a facility with confirmed cases within the past 14 days **AND** who tested negative for influenza on initial workup and no alternative diagnosis.

Confirmed COVID-19 case: an individual with a positive SARS-CoV-2 test regardless of signs and symptoms

Checklist

Checklist of Recommendations for Assisted Living Facilities and Long-term Care Facilities

Write the date when each recommendation was made by the local health department and implemented by the facility. Sign the bottom of the form and write the date when it is initially sent and received.

Recommendations	Date recommended	Date implemented
Surveillance and Reporting:		
Notify the local health department of the outbreak immediately.		
Report new onsets of illness to the local health department on a daily basis and conduct daily active surveillance (residents and staff) until at least 14 days after the last case occurs		
Keep track of illnesses using a line list (attached). Update the line list and share it with the local health department (LHD) daily.		
Care of residents:		
Use standard, contact, and droplet precautions with eye protection (i.e., gown, gloves, face mask, and face shield or goggles) for residents with undiagnosed respiratory illness or suspected or confirmed COVID-19 for 7 days after illness onset or until 72 hours after the resolution of fever and improvement respiratory symptoms, whichever is longer.		
Create a plan, in collaboration with public health, for cohorting residents with symptoms of respiratory infection, including dedicating HCP to work only with ill or well residents and/or dedicating a wing or space for suspected or confirmed COVID-19 residents.		
Aerosol-generating procedures should be avoided. If unavoidable, they should ideally be performed in an airborne infection isolation room or, if not possible, in a private, closed room with a closed door while wearing appropriate PPE (i.e., gown, gloves, N95 or higher-level respirator, and eye protection)		
Testing:		
COVID-19 testing and respiratory panel – all residents, even if mildly ill – send 1 NP swab to MDH		
Rapid antigen influenza, if available		
For cases of pneumonia: <i>Legionella</i> urinary antigen tests (collect 3-5 if possible)		
<i>Strep pneumoniae</i> urinary antigen tests (collect 3-5 if possible)		
Sputum for bacterial culture (collect 3-5 if possible)		
Other		
Ill staff:		
Employees with fever should stay home until 7 days after onset, 72 hours after the resolution of fever without the use of fever-reducing medications, and improvement of respiratory symptoms, whichever is longer.		
If possible, exclude employees who have had an exposure to a patient with COVID-19 patient without wearing appropriate PPE should be excluded from work for 14 days after the last exposure. If this is not possible, they may continue to work if they remain asymptomatic and use appropriate PPE while working, including a facemask		
Visitors:		
Visitation should be restricted with the exception of end-of-life situations. For these visits, visitors should be screened for fever/respiratory symptoms prior to entry and given instructions on hand hygiene and the use of PPE.		
Limit opportunities for exposure of well people to ill people:		
Follow local health department directions for allowing or not allowing admissions and readmissions.		
Create a dedicated observation area (this could be a separate unit/ward if possible or dedicated rooms in one area) to house non-COVID-19-positive residents being admitted or re-admitted from an outside facility. Ideally, this area would have private rooms with private bathrooms.		

Key Recommendations

- Surveillance
- PPE
- Cohorting
- Testing
- Exclusions
- Visitor restrictions
- Admissions
- Dedicated observation area
- Restrict residents to rooms
- Education
- Environmental cleaning
- Communication
- Supplies

Closure to new admissions

- Case by case basis
- Considerations
 - Ability to implement recommended infection control measures
 - Extent of transmission
 - Other factors

Universal Masking and PPE Conservation

Heather Saunders, RN, MPH, CIC
Nursing Program Consultant
Office of Antibiotic Resistance and Healthcare Associated
Infection Response

What is Universal Masking?

Universal Masking – The practice of wearing a face mask at all times while working within a facility.

How should universal masking be implemented:

- Staffing education – Staff should understand how to apply and remove face masks and when face masks should be changed.
- Ensure that staff understand that this is only ONE part of preventing the spread of COVID in LTC. Hand washing, appropriate use of PPE, not working while sick, and environmental cleaning are still important!

Universal Masking in Practice

How to apply:

- Perform hand hygiene
- Touch mask only by the ties or ear loops
- Avoid touching the front of the mask with unclean hands
- If the mask must be adjusted, perform hand hygiene, adjust mask and perform hand hygiene again.
- To remove the mask, remove by the ear loops or ties.
- If mask will be reused – Carefully place mask in a clean breathable bag
- Masks should be changed when soiled, when integrity is compromised, or after care of a patient on contact/droplet precautions.

Strategies for Conserving Gowns

- Engineering and Administrative Controls (Reducing direct contact, Reducing number of HCP contacts, maximizing telemedicine)
- Review all options for obtaining supply, including switching to a different style of isolation gown such as cloth gowns
- Consider extended use of cloth isolation gowns for patients with the same infection and no co-infection
- Prioritize gowns for high-contact activities such as bathing, transferring, and dressing

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html>

Preparedness and Response

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Deputy Director, Office of Preparedness and Response



FAQs: Coronavirus (COVID-19) Guidance for Child Care Settings

Cheryl Duncan De Pinto, MD, MPH

April 7, 2020

Confirmed Positive Case

- Contact the local health department immediately
- Dismiss children and staff for 2-5 days while determining long term course which may include closure for 14 days or more
- Communicate with staff and parents regarding the confirmed case and exposure
- Quarantine: Individuals who had close, prolonged contact with the person who tested positive should quarantine at home for 14 days after the last day of exposure

Confirmed Positive Case (Cont)

- Clean and disinfect the child care facility as recommended by the CDC
- Determine duration of program closure based on guidance from the local health department and licensing specialist
- Monitor for symptoms: everyone potentially exposed to the person who tested positive for COVID-19 should monitor carefully for symptoms
 - If become symptomatic, isolate and return when meet CDC criteria for release from isolation

Confirmed Positive Case (Cont)

- The child or staff member with confirmed COVID-19 may return when s/he has met the CDC criteria for discontinuation of home isolation:
 - At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
 - At least 7 days have passed *since symptoms first appeared*

Illness with COVID-19 Symptoms AND Present in Center Within 48 hours of Symptoms

- Presume person to have COVID-19 regardless of testing
- Safely isolate the person (if they are still on site) and place a mask on them if one is available
- **Close the center**
- Clean and disinfect the child care facility as recommended by the CDC
- Notify parents and staff that someone became ill and has symptoms that may be due to COVID-19

Illness with COVID-19 Symptoms AND Present in Center Within 48 hours of Symptoms

- Encourage staff and children to do daily monitoring for symptoms
- Discuss with the local health department and licensing specialist guidance on the duration of closure based on level of contact and potential exposure to persons in the building
 - **Close contacts should quarantine for 14 days**
 - **Close for 14 days if unable to identify close contacts**
 - If become symptomatic, isolate and return when meet CDC criteria for release from isolation

Exclusion for Household (Parent) Contact Illness

- Children should not attend child care if anyone in the household has symptoms suggestive of COVID-19
- The child should be quarantined at home for 14 days to observe for symptoms
- Contact the local health department for guidance regarding the need to close or quarantine other persons if the household contact/parent had close, prolonged contact with other persons in the building

Contact of a COVID-19 Contact

- If a person in quarantine (due to exposure) was in the center and asymptomatic, the recommendation depends on the level and duration of contact with others
- Contact the local health department for guidance, and be prepared to provide detailed information about:
 - When the person was last in the building;
 - What interactions they may have had with other persons in the building and in what locations;
 - How long their interactions were with other persons in the building;
 - If the person is now symptomatic; and
 - Any other information to assist with the determination of next steps

Reopening after Closure

- Closing is to allow time for thorough cleaning and sanitizing the entire area, contact assessment and communication
- Contact your local health department and licensing specialist for guidance and approval to reopen
- Depending on the reason for closure and number of persons exposed, closure could last for 14 days or more

Resources for Case Specific Guidance for LHDs

Child Care FAQ document:

https://phpa.health.maryland.gov/Documents/Child_Care_FAQ_MS_DE.pdf

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Questions?



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